

Institutional Controls Tracking System Tier 1 Data Entry Collection Form

Region 5

Purpose:

*To provide an easy-to-use format for site managers to use in gathering IC information *To provide ICTS Data Entry Staff with information that can easily be entered into ICTS

Key guidelines (Please read!!!):

- * Keep track of assumptions made as you fill out the form; include these in a separate document that can be attached to the form (This will help you as follow-up actions are identified)
- * Data should reflect *current* site conditions as known by the user or documented in the site files
 - * Many answers will rely on best professional judgement
 - * Information entered into ICTS is not final and will not be considered decisional
 - * Data in ICTS is for internal purposes only

Instructions

Notes are provided throughout the form to assist you in entering the data. *These are very important to follow, please read them carefully.* Further information can be found in "ICTS Tier 1 Data Entry Guidance and Assumptions."

Lists of choices are provided in an attachment for the following data categories: Objective by Media, Instrument Type, and Data Source Type. Please use the best fit from these lists first. As needed, you can add details to the prescribed language and/or add something that is not covered by the choices given in the lists.

Please return this form to your RRS Section Chief by June 4, 2004.

Please contact the Regional IC Program Coordinator, Sheri Bianchin at 6-4745, or the IC Legal Coordinator, Janet Carlson at 6-6059, if you have any questions.

SITE INFO	
Note: If your site has multiple OUs at which Unrestrict complete a form for each. Add the OU to the Site National States of the	red Use/Unlimited Exposure is not met, you may need to me category.
Site Name	State
Coeneral Milk/Henkel Corp	MN
REAY Beard	ORC attorney



Please check all media for this site where contamination is	Soil
present at a level that does NOT allow for unrestricted use/unlimited exposure (UU/UE).	Groundwater
And And 3 question based on the best currently	Surface Water
ion: staff kin, wledge, site records. This error based on current site conditions	Sediment
uirements in Site decision documents.	Air
Checking "Note" indicates that the site has been reviewed and there is eed for ICs, it is cleaned up to a level that	Other (identified specifically in Objective section)
supports Ut	None 2
Please check all media for which ICs are required (called	Soil
for in decision documents).	Groundwater
Note: Information can be found in RODs, ROD Amendments, and ESDs. If ICs are called for but no	Surface Water
media indicated, do NOT check any media here.	Sediment
	Air
	Other (identified specifically in Objective section)

maii	ntain protectiveness. A Planned Instrume	Recording these does NOT suppl	y a final detern as a draft ease	nination of requi ment. An Imple	includes objectives that, in your bes red/needed lcs; the information will mented Instrument is one that is act nents, but to the actual IC itself.	provide a guide to potential follow	/-up activities.
	AIR Provide the follow	ring for each media/objective. C	heck all that a	pply.			
			Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Dec. (Date)	Location: On-Site, Off-Site or OU
	Prohibit Inhalation Ex	posure	DYDN	□ Y □ N			
-	Protono itegrif	Engineered Remedy	□ Y □ N	□ Y □ N			
	Provide informatic	Educate	□ Y □ N	□ Y □ N			
	Provide Information to	o Modify Behavior	OYON	□Y□N		•	
	Other		OYDN	OYON			
1	Debris Provide the follow	ving for each media/objective. C	heck all that a	ipply.	ē.		
			Planned Instrument?	implemented instrument?	Description (optional)	Supporting Dec. (Date)	Location: On-Site, Off-Site or OU
	Prohibit Dermal Cont	act			Description (optional)		
	Prohibit Dermai Cont		Instrument?	instrument?	Description (optional)		
		posure	Instrument?	Instrument?	Description (optional)		
	Prohibit Ingestion Ex	posure	Instrument?	instrument?	Description (optional)		
	Prohibit Ingestion Ex	posure posure Exposure Scenario	Instrument? YON YON YON	instrument? YON YON YON	Description (optional)		
	Prohibit Ingestion Expendible Inhalation Expendible Recreational Prohibit Residential Expensions	posure posure Exposure Scenario	Instrument?	instrument? YON YON YON YON	Description (optional)		
	Prohibit Ingestion Expendible Inhalation Expendible Recreational Prohibit Residential Expensions	posure posure Exposure Scenario Exposure Scenario	Instrument?	instrument? Y N Y N Y N Y N Y N Y N	Description (optional)		

<u>Definition</u>: The intended goal(s) of an IC in minimizing the potential for human exposure to contamination and /or protecting the integrity of the remedy by limiting

land or resource use.

	*					
	Debris (con't) Provide the folic g for each media/objective.	Check all that s	pply.			
		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Dos. (Date)	Location: On-Site, Off-Site or OU
	Provide information to Educate	DYDN	DYDN			
	Provide Information to Modify Behavior	□ Y □ N	OYON			
	Other	O Y O N	OYON			
	Ground Water Provide the following for each media/objective.	Check all that a	ipply.			
		Planned Instrument?	implemented instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
П	Problitti mal Co	DYDN	DYDN			
i	. Jwster	Ĺiv□N	DYON			
	Prohait ingestion:ine	DYDN	DYDN			
	Prohibit initialation Expersure	DYDN	OYON			
	Prohibit Other Use Coundwater (Industrial, Food Preparation, Garde Agricultural, etc.)	DYDN	OYON			
	Prohibit Pumping G Jwater (Plume Movement)	O Y O N	DYDN			
0	Protect Integrity of an Engineered Remedy	DYDN	OYON			
o	Provide information to Educate	OYON	OYON			
0	Provide Information to Modify Behavior	OYON	OYON			
	Other	DYDN	DYDN			

3		3 4								
	Ground Wacਰ Provide the fo!lo: ing for each media/objective. C	and Water de the follor ing for each media/objective. Check all that apply.								
		Planned instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU				
	Prohibit Dermal Cun act	□Y□N	□ Y □ N							
	Prohibit Drinking of Groundwater	□Y□N	□ Y □ N							
	Prohibit Ingestion Exposure	□Y□N	□ Y □ N							
	Prohibit Inhalation Exposure	□ Y □ N	□Y□N-							
	Prohibit Other Use of Groundwater (Industrial, Food Preparation, Gardening, Agricultural, etc.)	□Y□N	□ Y □ N							
	Prohibit Pumping Groundwater (Plume Movement)	□ Y □ N	□ Y □ N							
	Protect Integrity of an Engineered Remedy	□Y□N	OYON	·	•					
	Provide Information to Educate	□Y□N	□ Y □ N							
	Provide informa Modify Behavior	□ Y □ N	□Y□N	<u>.</u>						
	Other	□ Y □ N	OYON							

Ground Water Provide the folio for each media/objective. Check all that apply.									
	Planned Instrument?	insplemented instrument?	Description (optional)	Supporting Dec. (Date)	Location: On-Site, Off-Site or OU				
Prohibit Dermai Contact		1							
Prohibit Drinking of Groundwater	DYDN	DYDN							
Prohibit Ingestion Exposure	DYDN	DYDN							
Prohibit Inhalation Exposure	DYDN	DYDN							
Prohibit Other Use of Groundwater (Industrial, Food Preparation, Gardening, Agricultural, etc.)	□ Y □ N	DYDN	· —						
Prohibit Pumping Groundwater (Plume Movement)	DYDN	OYON							
Protect Integrity of an Engineered Remedy	OYON	OYON	-						
Provide information to Educate	DYDN	DYDN							
Provide Information to Modify Behavior	OYON	OYON	·-						
Other	DYDN	OYON	İ						

=						
	Leachate Provide the following for each media/objective. C	heck all that a	ipply.			
		Planned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
	Prohibit Dermal Conct	OYON	□Y□N			
	Prohibit Ingestion posure	□Y□N	□Y□N			
	Prohibit Inhalation Exposure	OYON	□ Y □ N			
	Protect Integrity of an Engineered Remedy	□ Y □ N	□Y□N			
	Provide Information to Educate	□ Y □ N	□ Y □ N			
	Provide Information to Modify Behavior	□ Y □ N	□ Y □ N			
	Other	DYDN	□ Y □ N	·		
	Residuals Provide the following for each media/objective. C	check all that a	apply.			
•		1				1
		Planned Instrument?	implemented instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
	Prohibit Dermal Contact			Description (optional)		
	Prohibit Dermal Contact Prohibit Ingestion Exposure	Instrument?	Instrument?	Description (optional)		
 		Instrument?	Instrument?	Description (optional)		
	Prohibit Ingestion Exposure	Instrument?	Instrument?	Description (optional)		Off-Site or OU
	Prohibit Ingestion Exposure Prohibit Inhalation Exposure	Instrument?	Instrument? Y N Y N Y N	Description (optional)		Off-Site or OU
	Prohibit Ingestion Exposure Prohibit Inhalation Exposure Prohibit Recreati Exposure Scenario	Instrument?	Instrument?	Description (optional)		Off-Site or OU
	Prohibit Ingestion Exposure Prohibit Inhalation Exposure Prohibit Recreati Exposure Scenario Prohibit Reside posure Scenario	Instrument?	Instrument?	Description (optional)		Off-Site or OU
	Prohibit Ingestion Exposure Prohibit Inhalation Exposure Prohibit Recreati Exposure Scenario Prohibit Reside posure Scenario Prohibit School/Daycare Exposure Scenario	Instrument?	Instrument?	Description (optional)		Off-Site or OU
	Prohibit Ingestion Exposure Prohibit Inhalation Exposure Prohibit Recreati Exposure Scenario Prohibit Reside posure Scenario Prohibit School/Daycare Exposure Scenario Prohibit Utility Worker/Excavation Exposure Scenario	Instrument?	Instrument?	Description (optional)		Off-Site or OU
	Prohibit Ingestion Exposure Prohibit Inhalation Exposure Prohibit Recreati Exposure Scenario Prohibit Reside posure Scenario Prohibit School/Daycare Exposure Scenario Prohibit Utility Worker/Excavation Exposure Scenario Protect Integrity of an Engineered Remedy	Instrument?	Instrument?			Off-Site or OU

	Sediment Provide the following for each media/objective. C	heck all that s	pply.			
		Planned instrument?	implemented instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
	Prohibit Dermal Contact	DYDN	OYON			
0	Prohibit Ingestion Exposure	DYDN	OYON			
0	Prohibit Inhalation Exposure	DYDN	OYON			
	Prohit finaldenti sure Scenario	DYDN	OYON			
	Prote 111 grit, ofjineered Remedy	DYDN	OYON			
	Provide information by a lucate	DYDN	DYDN			
	Provide Information I diffy Behavior	DYDN	0 Y O N			
	Other	OYON	OYON			
	Sludge Provide the following for each media/objective.	heck all that s	pply.			
		Planned Instrument?	implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
a	Prohibit Dermai Contact	DYDN	OYON			
	Prohibit ingestion Exposure	OYON	OYON			
	Prohibit Inhalation Exposure	OYON	DYDN			
	Prohibit Recreational Exposure Scenario	DYDN -	OYON			
	Prohibit Residential Exposure Scenario	OYON	OYDN			
	Prohibit Sciool/Da xposure Scenario	DYDN	OYON			
	Prohibit Utility Wor: avation Exposure Scenario	□ Y □ N	OYON			
	Protect Integrity of an Engineered Remedy	DYDN	DYDN			
	Provide information to Educate	OYON	DYDN			
	Provide Information to Modify Behavior	□Y□N	□Y□N			
П	Other					

	Soll Provide the following for each media/objective. Check all that apply.										
		Planned instrument?	Implemented instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU					
	Prohibit Dermal Contact	OYON	□Y□N			-					
	Prohibit Ingestion Exposure	□ Y □ N	□ Y □ N								
	Prohibit Inhalation Exposure	OYON	OYON								
	Prohibit Recreational Exposure Scenario	□ Y □ N	□ Y □ N								
	Prohibit Residential Exposure Scenario	□ Y □ N	OYON								
Г	Prohit ischoo re Exposure Scenario	DYDN	OYON -		·						
	Prohibit Utility 1 /c/Excavation Exposure Scenario	□ Y □ N	OYON								
	Protect Integrity of an Engineered Remedy	□ Y □ N	OYON		•						
	Provide Information to Educate	OYON	□ Y □ N	·							
	Provide Information to Modify Behavior	□Y□N	□Y□N								
	Other	OYON	□Y□N								

			•			
	Soil Provide the follow: , for each media/objective. C	heck all that a	pply.			
		Plenned Instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Bite, Off-Bite or OU
0	Prohibit Dermal Contact	OYON	O Y O N			
	Prohibit Ingestion Exposure	OYON	OYON			
	Prohibit Inhaistion Exposure	OYON	OYON			
	Prohibit Recreational Exposure Scenario	OYON	OYON			
	Prohibit Residential Exposure Scenario	DYDN	OYON			
	Prohibit School/Dayer Exposure Scenario	OYON	□ Y □ N			
C!	avation Exposure Scenario	DYDN	OYON			
	Protect ir grity of	OYON	□ Y □ N			
	Provide Information I 1 ducate	OYDN	□ Y □ N			
	Provide Information i idify Behavior	OYON	□ Y □ N			
	Other	DYDN	□ Y □ N			
	Prohibit School/Daycan Exposure Scenario	DYDN	DYDN			
	Prohibit Utility Worker/Excavation Exposure Scenario	DYDN	OYON			
	Protect Integrity of an Engineered Remedy	DYDN	□Y□N			
	Provide Information to Educate	OYON	OYON			
	Provide Information to Modify Behavior	OYON	OYON			
	Other					

 majahi saga					
Solid Was*** Figure at the sing for each media/objective.	·				
	Planned instrument?	implemented instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
Prohiba Dermai act	□Y□N	OYON			
Prohibit Ingestion Exposure	□ Y □ N	□ Y □ N			
Prohibit Inhalation Exposure	□ Y □ N	□ Y □ N			
Prohibit Recreational Exposure Scenario	□ Y □ N	□ Y □ N			
Prohibit Residential Exposure Scenario	□Y□N	□ Y □ N			Ü.
Prohibit School/Daycare Exposure Scenario	OYON	□Y□N			
Prohibit Utility Worker/Excavation Exposure Scenario	□Y□N	□ Y □ N			
Protect Integrity of an Engineered Remedy .	□Y□N	DYDN		•	
Provide Information to Educate	□Y□N	□Y□N			
Provide Information to Modify Behavior	□ Y □ N	□Y□N			
Other	□Y□N	□Y□N			

	Planned instrument?	implemented instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU
Prohibit Dermal C	DYDN	OYON			
Prohibit Ingestion to sure	DYDN	OYON			
Prohibit inhalation Exposure	DYDN	DYDN			
Prohibit Recreational Exposure Scenario	DYDN	DYDN			
Prohibit Pesident Soure Scenario	DYDN	DYDN			
Prohibit Utility Wood at Excavation Exposure Scenario	O Y O N	DYDN			
Protect Integrity of an Engineered Remedy	DYDN	DYDN			
Provide Information to Educate	DYDN	DYDN			
Provide Information to Modify Behavior	DYDN	DYDN			
Other	DYDN	DYDN			

Surface Soll Provide the following for each media/objective. Check all that apply.									
	Planned Instrument?	Implemented instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU				
Prohibit Dermal Contact	OYON	DYDN							
Prohibit Innes: Dosure	OYON	□ Y □ N							
F. onloit Inhala : :posure	□ Y □ N	OYON							
Prohibit Recreafic ad Exposure Scenario	□ Y □ N	DYDN							
Prohibit Reside Exposure Scenario	OYON	□Y□N							
Prohibit School/Daycare Exposure Scenario	□Y□N	DYDN							
Prohibit Utility Worker/Excavation Exposure Scenario	□Y□N	□ Y □ N							
Protect Integrity of an Engineered Remedy	□Y□N	□ Y □ N		,					
Provide information to Educate	□Y□N	DYDN							
Provide Information to Modify Behavior	OYON	□Y□N							
Other	□ Y □ N	□Y□N							

	Surface Water Provide the following for each media/objective. Check all that apply.										
		Planned instrument?	Implemented Instrument?	Description (optional)	Supporting Doc. (Date)	Location: On-Site, Off-Site or OU					
	Prohibit Aquatic Food Consumption	DYDN	DYDN								
	Prohibit Dermai Contact	OYON	DYDN								
	Prohibit Drinking of Surface Water	DYDN	DYDN								
	Prohibit ingestion Exposure	OYON	OYON								
רו	· c iure	I D Y D N	NOYE								
ניו	Fro. art are U. arface Water (Industrial, Food Pre, aration, Gard, Agricultural, Etc.)	NOY	UADN								
	Protect integrity of ngineered Remedy	DYDN	DYDN								
	Provide Information to Educate	□ Y □ N	DYDN								
	Provide Information to Modify Behavior	DYDN	OYON								
	Other	DYDN	OYON								

Note	<u>definition</u> : The administrative and/or legal mechanism by which the objective(s) are implemented. lote: You may need to add rows. It may be necessary to consult ORC attorneys for this data category. lease attach fully executed IC instruments.									
	Enforcement Provide the following for each media/objective checked:									
		Category	Туре	Use Restrictions Specified in Instrument	Planned Implement. Date	Actual Implement . Date	issuing Org.	Instrument Name and/or ID #		
	Administrative Order on Consent (AOC)									
	Consent Decree (CD)									
	Contract		·							
	Feder Unteraç Agreement									
	RCRA 3008 (h) Compliance Order									
	RCRA Closure Permit									
	RCRA Compliance Schedule				ą.					
	RCRA Corrective Action Order									
	RCRA Exposure Information Report				,					
	RCRA Inspection Report							ř		
	RCRA Operating Permit - Part A									
	RCRA Operating Permit - Part B									
	RCRA Permit Modification - Part A							· · · · · · · · · · · · · · · · · · ·		
	RCRA Permit Modification - Part B									
	RCRA Post-Closure Permit									
	Report of Spill or Release					1				

Undate, al Admica

/e Order

Govurai, er-Provide the following ich media/objective checked: **Use Restrictions Specified** Category Type Planned Actual lecuing Instrument Name and/or ID # In instrument Implementa Implement Org. tion Date stion Date Base Use Plan Federal Agency Instruction Federal Agency Permit - Alteration Federal Agency Permit - Building Federal Agency Permit - Demoitton Federal Agency Permit - Development Federal Agency Permit - Excevation Federal Agency Permit - GW Mana-amant Filerar / Ency i Unapedified Federal Agency Perma Well Drilling Grant of Environment :: Resource Groundwater Protection Zone Groundwater Use Regulation Local Ordinance Local Permit - Alteration Local Permit - Building Local Permit - Demolition Local Permit - Development Local Permit - Excavation Local Permit - Groundwater Mgmt. Local port 1 - Uns i Type

<u> </u>										
Gov	eramant (con	each media/objec	tive checked:							
Ci .	L pal emete	illing		,						
	Overlay Zoning									
	State Legislation		,							
	Subdivision Regula	n								
	Well Drilling Regula:	on								
	Zoning Amendment									
	Zoning Ordinance		·						*** ***	
	Zoning Variance									
	Informational Provide the following for each media/objective checked:									
			Category	Туре.	Use Restrictions Specified in Instrument	Planned implementati on Date	Actual Implementat ion Date	Issuing Org.	Instrument Name and/or ID #	
	Advisory - Agrices	!								
	Advisc.y - Drin	ater								
	Advisory - Fishing									
	Advisory - Food				·					
	Advisory - Health									
	Advisory - Swimming	1								
	Advisory - Unspecifie	ed Type								
	Announcement - Rac	dio .								
	Announcement - Tel	evision							· <u>-</u>	
	Announcement - Uns	specified Type								
	Listing - Local Hazar	dous Waste Registry								
	Listing - Military Haza Registry	ardous Waste								

1000

- Artist	Market vill (Microscor i verificación de transcrio de la companya									
Informational (con't) Provide the following for each media/objective checked:										
	Listing - State Hazardous Waste Registry	1								
	Listing - Unspecif 1 vs									
נו	Note: 100 No.	_								
۵	Notice - Notice to		ļ							
	Notice - Notice to State Regulators Before Changes in Land Use		1							
	Notice - Grapecific Active									
	One Call System - Local		1			-				
	One Call System - State									
	One Call System - Unapecified Type			·						
	Public Education - Brochure				-					
	Public Education - Direct Mailing									
	Public Education - Door Hanger	İ								
	Public Education - Fact Sheet			j						
П	Public Fig. :atton -cifled Type									
L _	Publi f. le jister	ĺ								
	Publication - Internol incuncement									
□ ·	Publication - Newspay of/Press Release									
	Publication - State Register					- ·				
	Publication - Unapecitied Type									

-									
Proprietary Provide the following for each media/objective checked:									
		Category	Туре	Use Restrictions Specified in Instrument	Planned Implementa tion Date	Actual Implement ation Date	issuing Org.	Instrument Name and/or ID #	
	Deed Restriction of Unspecified Type								
	Easement - Aff in the								
	E int A; ant								
	Easement - Consertation								
	Easement - In Gross							5	
	Easement - Negative								
П	Easement - Unspecified Type						•	•	
	Equitable Servitude								
	Restrictive Covenant				pt.				
	Reversionary interest			1		ii			

Page 19 of 25

100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg

Note: The following re-	escribe the function an organization or individual serves. If a specific person is not yet identified for a role, indicat

te this with a '?." If a role is not I needed or expected to be needed, indicate this with "N/A." If other contacts exist please add lines and list them.

Role	Organization	Name	Phone	Email
Site Manager				
EPA Attorney				
IC implementation				
IC Enforcement				
IC Monitoring				
IC Monitors of Following				
IC forminal on the station				
IC Termination Approval				
Federal Facility Agency Corticot				

Note resc	e: Please enter all supporting docume ources, you can paste the url address	ntation, If in doubt- inc to this document and a	clude it. For files you value it. For files you value it.	vish to attach, ple e IC Coordinators	ease send these to the IC Co s	ordinators electronically	as well. For Internet '		
		Local Provide the following	for each media/objecti	ve checked:					
		Document or Application Title and/or ID	Source Category (Local, State, Tribal, or EPA)	issuing Org	Source Type	User Rights (Public, intranet, Password)	Uri or file location		
	Information/Unenforceable								
	Order					·			
	Specific Permitting Ordinance					· .			
	Zoning	A. cer							
		State Provide the following for each media/objective checked:							
		Document or Application Title and/or ID	Source Category (Local, State, Tribal, or EPA)	Issuing Org	Source Type	User Rights (Public, intranet, Password)	Url or file location		
	RCRA 3008 (h) Compliance Order								
	RCRA Compliance Schedule								
	RCRA Corrective Action Order								
	RCRA/Exposure Information Report								
	RCRA Inspection Report	:							
	RCRA Operating Permit - Part A	·							
	RCRA Operating Permit - Part B								
	RCRA Permit Modification - Part A	·					·		
	RCRA Permit Modification - Part B								
;T	RC A lost-Clc: Permit								
	Re ! Estate Con Law								
	Report of Spill or Release								

William Control		1.4						
	State (con't) Provide the following for each media/objective checked:							
	Document or Application Title and/or ID	Source Category (Local, State, Tribal, or EPA)	issuing Org	Source Type *use attachment	User Rights (Public, Intranet, Password)	Url or file location		
Statute/Ordiance - Administrative Order on Consent								
Statute/Ordinance - Consent Decree								
Statute/Ordinance - Information/Unenforceable								
Statute/Ordinance - Permit				MARKA MARKA				
Statute/Ordinance - Unitateral Administrative Order								
	Tribal Provide the followi	ring for each media/objective checked:						
	Document or Application Title and/or ID	Source Category (Local, State, Tribal, or EPA)	Issuing Org	Source Type *use attachment	User Rights (Public, Intranet, Password)	Url or file location		
Information/Unenf ole								
Local Permit								
Order								
Ordinance								
Treaty								
Other								

	USEPA Provide the following	ng for each media/ob	jective checked			•
	Document or Application Title and/or ID	Source Category (Local, State, Tribal, or EPA)	issuing Org	Source Type *use attachment	User Rights (Public, Intranet, Password)	Url or file location
Administrative On Si on Consent						
Close Out Repci:						
Consent Decree						
Explanation of Signarcant Differences						
Final Decision						·
Five Year Review				•	·	
Health Assessment						
Informational/Unenforceable			,			
Local Permit			-			
Notice of Intent to Delete				8		
Notice of Intent to Partially Delete						
R- RA 5008 (h) siliance Order					-	
RCRA Closure Fe t	·					
RCRA Compliance Schedule						
RCRA Corrective Action Order						
RCRA Exposure Information Report						
RCRA Inspection Report						
RCRA Operating Permit - Part A						
RCRA Operating Permit - Part B						
RCRA Permit Modification - Part A						
	Close Out Repci: Consent Decree Explanation of Signatcant Differences Final Decision Five Year Review Health Assessment Informational/Unenforceable Local Permit Notice of Intent to Delete Notice of Intent to Partially Delete R. RA 3008 (h	Administrative On Consent Close Out Report Consent Decree Explanation of Signateant Differences Final Decision Five Year Review Health Assessment Informational/Unenforceable Local Permit Notice of Intent to Delete Notice of Intent to Partially Delete R. RA 1008 (h Illance Order RCRA Compliance Schedule RCRA Corrective Action Order RCRA Exposure Information Report RCRA Inspection Report RCRA Operating Permit - Part A RCRA Operating Permit - Part B	Provide the following for each media/ob Document or Application Titie and/or ID Administrative One on Consent Close Out Report Consent Decree Explanation of Signaticant Differences Final Decision Five Year Review Health Assessment Informational/Unenforceable Local Permit Notice of Intent to Delete Notice of Intent to Partially Delete R-RA -008 (h illance Order R-CRA Compliance Schedule R-CRA Corrective Action Order R-CRA Exposure Information Report R-CRA Operating Permit - Part A R-CRA Operating Permit - Part B	Provide the following for each media/objective checked Document or Application Title and/or ID Administrative On a on Consent Close Out Repc:: Consent Decree Explanation of Signacant Differences Final Decision Five Year Review Health Assessment Informational/Unenforceable Local Permit Notice of Intent to Delete Notice of Intent to Partially Delete Richa 3008 (himiliance Order RCRA Compliance Schedule RCRA Corrective Action Order RCRA Exposure Information Report RCRA Operating Permit - Part B RCRA Operating Permit - Part B	Provide the following for each media/objective checked: Document or Application Title and/or ID	Provide the following for each media/objective checked: Document or Application Title and/or ID Administrative Unit on Consent Close Out Repc Consent Decree Explanation of Signaciant Differences Final Decision Five Year Review Health Assessment Informational/Unenforceable Local Permit Notice of Intent to Delete Notice of Intent to Partially Delete R NA 008 (h Alance Order R CRA Compilance Schedule R CRA Corrective Action Order R CRA Corrective Action Order R CRA Corrective Action Order R CRA Deparating Permit - Part A R CRA Operating Permit - Part B

		USEPA (con't) Provide the following for each media/objective checked:		
	Ready for Reuse Determination			
	Record of Decision			
	Record of Decision Amendment			
L	te traj.			
	Res on to Co. s			
	Statement of Basis			
	Unilater il Admini /e Order			
	80.00			
Note	3: The intent of this section is to provious the section is to provious thems? Do you know if any IC objections	de an opportunity to capture any more pertinent IC information about the site. For example, have has been breached?	ve you run into any ir	mplementation
Plea	se provide all relevant information in	the space below.		l
		•		
				•
1				

Control Sugar Control of the control		
Note: These categories are meant to guide you. It is expected that each Region will have a different structure for data quality and review. It is important to document those that review is done and who does it.		
Completed by: (RPM)	Name Gladys Beard	Date 6/2/84
	Title Deletion Process Mar	Signature Ilady Blane
	Phone 3/2 -886-7253	
Reviewed by: (RRS Section or Branch Chief)	Name	Date
	Title .	Signature
	Phone	
Date delivered to L Potter's Inbox	Name	Date
	Title	Signature
Date received by PM + Staff by:	Name	Date
	Title	Signature
Data Entry Completed by: (PMIS Staff)	Name	Date
	Title	Signature
	Phone	
Data entry quality control completed by: (PMIS Staff)	Name	Date
	Title	Signature
	Phone	
Data quality assurance completed by: (Program/l pal IC Continators)	Name	Date
	Title	Signature
	Phone	